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Parental alcohol use and resilience in young people: A study of family, peer and school processes. Short report.

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Parental alcohol use and resilience in young people:

A study of family, peer and school processes

Funded by HSC R&D Division, Public
Health Agency



Parental alcohol use and resilience in young people: A study of family, peer and school processes

Short Report

Funded by HSC R&D Division, Public Health Agency

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Evidence Brief

Why did we start?

Problem drinkers are those at risk of problems (e.g. being unable to carry out normal activities) or accidents (e.g. injuries) as a result of drinking too much. Problem drinking can range from moderate and binge drinking to those who abuse and are dependent on alcohol. We carried out this study to find out what impact problem drinking by parents has on their children's outcomes during adolescence and early adulthood.

What did we do?

We used information collected from approximately 1,000 young people and their families (parents & siblings) who we surveyed as part of the Belfast Youth Development Study, on seven occasions between 2001 and 2011. The young people completed a questionnaire on each of these occasions, starting when they were 11 years old (2001) up to when they were 20/21 years old. To ensure personal and public involvement (PPI), we also spoke to a group of 23 children (aged 7-14) who attended a service designed to help children affected by their parent's substance use.

What answer did we get?

- Among the 1,097 parents in our study, one fifth were problem drinkers. In two-parent households, the mother's alcohol use was associated with the father's drinking. Problem drinkers experienced more separations/divorces, financial difficulties, tended to be middle class, the chief income earner and in full-time employment.
- A young person's use of alcohol at ages 15, 16/17 and 20/21 years was associated with exposure to their parents' drinking at 14 years old.
- While the influence of a father's drinking on the child's drinking gradually increased over time, the impact of a mother's drinking peaked when the child was 16/17 years old. Older male siblings' alcohol use was associated with the child's alcohol use at 15 & 20/21 years old.
- Parental drinking reduced the likelihood of knowing a child's whereabouts, who they spent time with and their activities. When parents monitored their child's

activities, the children drank less at 15 and 16/17 years. Children who reported good relationships with their parents drank less from 15-21 years.

- Children of problem drinkers spent more evenings outside the home. However, they were less likely to attend youth clubs and homework clubs.
- Parental drinking influenced children's attachment (feelings of belonging, relationship with teachers) and commitment to school (personal effort & investment) at age 14.
- Service users spoke about the importance of getting support from significant adults; sharing experiences with children in similar circumstances; and coping strategies.

What should be done now?

- Young people affected by varying levels of parental alcohol abuse (including hazardous, binge drinking) should be supported.
- The development and evaluation of interventions is crucial.
- Services need to target young people as they navigate transitions from dependent child to adolescent and young adult.
- Parenting programmes encouraging positive parent-child attachments, parental monitoring and involving older siblings may reduce some of the negative effects.
- Schools should have at least one professional trained and aware of the impact of parental drinking on children's outcomes.
- Teachers can play a valuable role in tracking and encouraging young people's engagement in afterschool activities and contact with positive role models.
- Generic school based interventions to build resilience may be useful in targeting those exposed to lower levels of problem drinking.

Background

Parental alcohol misuse or ‘hidden harm’ presents a very significant challenge to public health policy and practice in the UK and internationally. A parent’s alcohol problems can have a profound impact on their children. Children depend on their family to meet their physical, psychological and social needs, their economic security and well-being, all of which can be jeopardised by parents misusing substances (NACD, 2011). The prevalence of parental alcohol misuse is extremely difficult to estimate, due to the ‘hidden’ nature of the problem within the family unit. Approximately 40,000 children in Northern Ireland are estimated to live with parental alcohol misuse (DHSSPS, 2008). In the UK, 30% of children (3.3 to 3.5 million) under 16 years, live with at least one binge drinking parent and 22% of children (2.6 million) with a hazardous¹ drinker (Manning et al., 2009).

Impact of parental alcohol problems on children

Evidence indicates children of alcohol misusers are at increased risk of a range of negative experiences including:

- feelings of insecurity, shame and loneliness;
- unstable and chaotic home environments;
- exposure to crime or toxic substances;
- verbal, physical, emotional and sexual abuse;
- low self-esteem and lack of self-confidence;
- becoming homeless or socially marginalised and;
- taking on caring roles and responsibilities for siblings and parents.

Exposure to parental alcohol misuse can have a wide range of negative consequences, which can continue in adolescence and adulthood. These include:

- developing their own alcohol and drug problems later in life;
- emotional and mental health problems including depression and anxiety disorders;

- conduct and behavioural problems;
- issues of trust and reliance on others leading to relationship difficulties;
- reduced academic attainment and employment opportunities.

Policy context

There is a growing policy and practice focus on ‘hidden harm’ in the UK: most is concerned with children of primary school age and younger; older children tend to be neglected in the debate and young people of age 16 years and over are mostly absent from it (Bancroft & Wilson, 2007). A number of policy documents have focused on ‘hidden harm’ in recent years:

- In 2003, the Advisory Council on the Misuse of Drugs (ACMD) prepared ‘hidden harm: responding to the needs of children and problem drug users,’ focussing primarily on children of problem drug users with the impact of alcohol and tobacco considered as additional factors. The report contained six key messages including ‘reducing the harm to children from parental problem drug use should become a main objective of policy and practice’.
- In 2007, the ACMD published ‘Hidden Harm. Three Years On: Realities, Challenges and Opportunities,’ an updated report of the original ‘hidden harm’ report and similarly, alcohol use and its effect on children, young people and families were not the main consideration of the report. However, they did acknowledge that while the impact of parental alcohol misuse on children has significant parallels with that of problem drug use, it is in need of separate and priority attention.
- The New Strategic Direction for Alcohol and Drugs 2006-2011 (NSD) (DHSSPS, 2006) identified children born to and living with parental substance misuse as a priority group for attention. The NSD contained a specific regional outcome to produce ‘an integrated hidden harm strategy for alcohol and drugs’ which led to the preparation of the (three year) ‘Regional Hidden Harm Action Plan’ (DHSSPS, 2008).
- The Hidden Harm Action Plan (HSCB/PHA, 2009) aimed to provide direction, guidance and clarity in addressing Hidden Harm in Northern Ireland. The purpose of the Hidden Harm Action Plan was to

¹ More harmful levels of alcohol use

put in place the structures, processes, services and support that would ensure that children and young people who experience compromised parenting due to alcohol and/or drug abuse received the support they needed to reduce harm today, and assure their health and well-being in the future.

- The DHSSPSNI (2011) identified 'families and hidden harm' as an emerging issue which required greater prominence and was subsequently outlined as a key priority (under 'targeting those at risk and vulnerable') in phase 2 of the New Strategic Direction for Alcohol and Drugs (2011-2016). The revised NSD contains a greater emphasis on engaging with parents and carers, both in terms of prevention and education, and treatment and support. It also highlighted the importance of a continued focus on preventing and addressing 'hidden harm' through the implementation of the PHA's Hidden Harm Action Plan. Early intervention was identified as key for young children and families affected by hidden harm (pg. 31).

International literature

A review by Stanton-Tindall et al. (2013) highlighted the lack of research examining the direct effects of caregiver substance use on child outcomes. This study attempts to address this gap in the literature, in addition to focusing on the wider family, peer and school environment. There is considerable evidence that children can grow up in all sorts of difficult circumstances without developing significant problems (Velleman & Templeton, 2007), often resulting in good outcomes in spite of serious threats to adaption and development (Masten, 2001). A number of factors have been identified in the literature, which may protect these young people from the effects of parental alcohol misuse including their friends, schools, communities and involvement in leisure activities. The evidence from the international literature is outlined briefly in the following sections.

The Family

Young people are more likely to drink frequently and to excess if they are exposed to a close family member, especially a parent who drinks, gets drunk or is a problematic drinker (Bremner et al., 2011). Some suggest a modelling effect whereby young people imitate, via observation of their parent's drinking behaviour. Multiple problem drinkers are relatively common within families (Percy et al., 2008) and an increased risk of alcohol problems in adulthood has been associated

with having had two parents with drinking problems (Orford & Velleman, 1990). Problem drinking by mothers frequently occurs when the father is also a problem drinker (Keller et al., 2008). However, few studies have been in a position to differentiate between the effects of mothers' and fathers' drinking on their children's outcomes (such as their alcohol use or mental health).

Parental alcohol misuse brings disruption to family functioning. In general, such families perceive their environments to be less cohesive; they lack ritual and routines; they tend not to positively express feelings, warmth or caring; and have higher levels of unresolved conflict (Burke, Schmied & Montrose, 2006). Parental alcohol use can result in impaired parenting (Sher et al., 1991). Parental monitoring (i.e. awareness of a child's whereabouts) (Stattin & Kerr, 2000) and consistent discipline are important aspects of the parent-child relationship which may be disrupted by parental drinking problems (King & Chassin, 2004). Monitoring is particularly important during adolescence when a parent's close attention to adolescent activities can prevent substance use, delinquency and other risky behaviours (Beck et al., 2004). Parental alcohol use can result in poor parent-child relationships. Parental attitudes towards their child's alcohol use, have been associated with a lower risk of regular drinking (Velleman, 2009).

Parental alcohol problems rarely exist in isolation from other difficulties such as parental mental health issues (Harwin et al., 2010), parental drug use, financial hardship (Girling et al., 2006) and parental separation or loss. Families with alcoholic parents have been reported to have higher unemployment rates and lower economic status (Serec et al., 2012).

Middle and higher income respondents are less likely to report alcohol related harm to children compared to respondents on low incomes (Laslett et al., 2012).

Older siblings' desire to use and their actual use of alcohol have also been shown to be predictors of younger siblings' later relationship to alcohol (Velleman, 2009). Protective family factors include being raised in a small family, large age gaps between siblings and engagement in a range of family based activities (Velleman & Templeton, 2007). Those exposed to parental alcohol misuse may even move away from the parents earlier than expected (Werner, 1993) with a view to developing their lives

through their own family and children and wanting to escape, to achieve independence and normality.

Friends and relationships

Two common patterns often emerge among adolescents living with parental substance misuse: 1) the development of strong peer relationships which are kept separate from the family 2) increasing introspection and social isolation, friendship difficulties (e.g. young person unlikely to visit or invite friends to their own home, negative interaction styles), anxiety or depression and attempts to escape the family home (i.e. leaving home at an early age, entering into a long term relationship) (Velleman & Templeton, 2007). Adult children of substance misusers may approach adult relationships with more apprehension than those who have not been exposed. Previous studies have indicated adult children of alcoholics report more anxious and avoidant behaviours in their romantic relationships (Kelley et al., 2010). Lindgaard (2005) reported adult children of alcoholics are much more prone to be involved in a relationship with an alcoholic. Other studies have indicated they may be at greater risk of becoming sexually active at a young age (Chandy et al., 1994) and teenage pregnancy (Christoffersen & Soothill, 2003).

Schools

Children of alcohol abusers are at greater risk of attention and conduct problems at school, repeating a grade, low academic performance, skipping school days and dropping out of school (Serec et al., 2012) and low school bonding (Mylant et al., 2002). Poor academic performance may be linked in some way to prenatal exposure to alcohol due to maternal drinking. Fathers' drinking may have similar effects on children's school and educational outcomes. Farrell, Barnes and Banerjee (1995) found that a father's problem drinking can be a chronic stressor and this environmental influence could account for poorer outcomes in children. In particular, having a father with a reputation as a problem drinker may place additional stress on the child, particularly when they reach adolescence, a period of increased sensitivity and anxiety. Alcoholic parents may be less encouraging of academic success in their children and may not place as much emphasis on academic achievement or provide supportive environments for their children's academic success. For example, they may not monitor children's activities at home regarding their schoolwork, homework and exam preparation because of their drinking patterns and associated behaviours.

Furthermore, poor school performance may lead to school failure and affect future progression to higher education and subsequent employment opportunities.

Young people's connectedness with school has proven to be a protective factor; a strong social bond with school is associated with diminished involvement in a range of adolescent health-risk behaviours (Bond et al., 2005). Other school attributes including extracurricular activities and teachers have all been found to modify school connectedness (McNeely et al., 2002). Where some elements of parenting skills may be deficient, teachers have been shown to help compensate for lack of parental warmth and support at home particularly for those families on a low income; positive relationships with teachers have been shown to be beneficial in motivating low SES students and can have positive effects for students at risk (Wehlage 1989). Overall stabilising activities such as school, clubs, sports and religion can be beneficial in helping a young person to develop a sense of self and self-esteem (Velleman & Templeton, 2007).

Leisure activities

Engaging with stabilising people outside the family can be a positive factor in the development of resilience. However, parental alcohol misuse may impair a child's ability to go places (e.g. parent can't drive if drunk) and make friends (e.g. unable to invite friends home) (ISPCC, 2010). The ability to seek external support may also be hampered due to finances, parents' permission (Velleman & Templeton, 2007) or location. Individual disposition appears to be more important for females whereas external support is more important for males (Werner, 1993). In addition, while the support of friends appears to be an important protective factor for young people, others suggest that many young children may find it hard to make friends (Werner, 1993). While strategies of detachment, avoidance and withdrawal (Werner & Johnson, 1999) in dealing with a parent can be very effective, they can result in attachment and relationship difficulties later in life (Harwin et al., 2010).

Serec et al. (2012) found that children of alcoholics (aged 12-18 years) reported spending more time in sedentary activities (such as watching television, internet, listening to music) and less time in physical activities. McCauley Ohannessian (2009) reported heavier use of technology (text messaging, emails, watching tv) among adolescents with an alcoholic parent which was also associated with earlier and heavier substance use during adolescence.

Aims

This study *aimed* to:

- Examine, over a ten year period (2001-2011), the relations between family alcohol use, family processes, peer and school effects on outcomes for a group of young people who took part in the Belfast Youth Development Study (BYDS);
- Determine the protective factors that promoted particular domains of resilience (e.g. mental health, academic resilience) in these youth from early adolescence to young adulthood;
- Engage with service users (children currently living with parental substance misuse) during the study to provide them with an opportunity to inform the research process and ensure appropriate PPI (personal and public involvement);

- Make recommendations to inform policy and practice to improve outcomes for children and young people exposed to parental drinking in Northern Ireland and further afield.

Methods

The Belfast Youth Development Study

We used information collected from approx. 1,000 young people and their families (parents and siblings) who took part in the Belfast Youth Development Study. These young people attended schools in Belfast, Ballymena and Downpatrick and the information was collected on seven occasions over a ten year period (from 2001-2011). These youth completed a questionnaire on each of these occasions, starting when they 11 years old (2001) up to when they were 20/21 years old (see Figure 1).

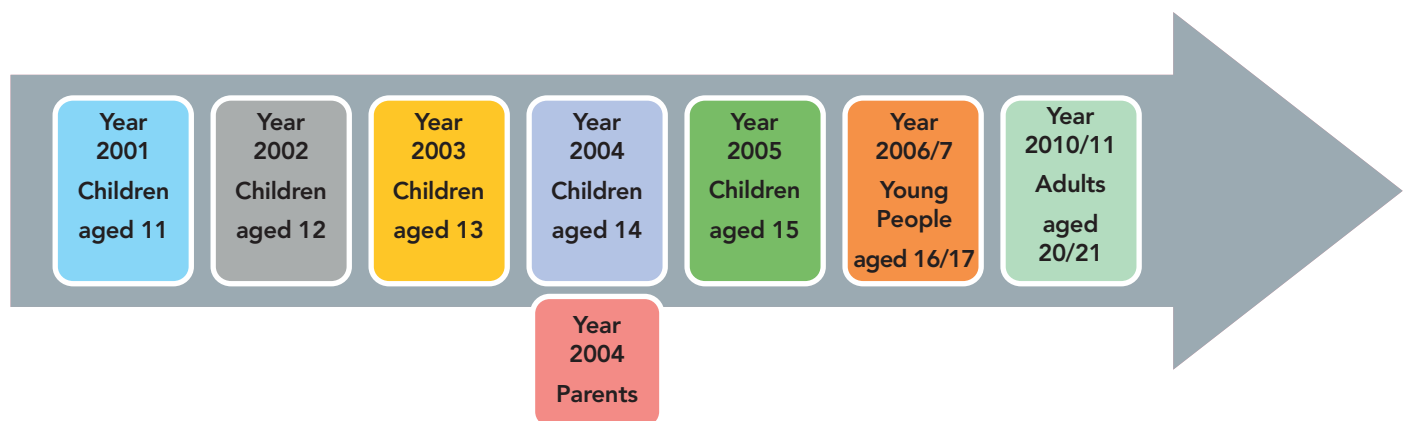


Figure 1 Participation of young people and their family from 2001-2011

Each time, we asked them a range of questions about aspects of their lives (see table 1). Questions were added as they got older to include more topics relevant to their age (such as sexual activity and types of drugs use).

Table 1 Themes and types of questions asked in the BYDS

Aspects of their lives	Types of questions
Family	Who they live with; relationship with their parents; whether parents monitor their whereabouts and activities; ever ran away from home; conflict in the family
Neighbourhood	Feeling safe in the neighbourhood
School	Feelings about school such as belonging, personal effort and investment; relationships with teachers; educational aspirations; involvement in fights; feeling safe in school; performance at school; lessons on substance use; skipping classes and being in detention
Friends & relationships	Friends in school and outside school; romantic relationships; sexual activity
Feelings and problems	Feeling depressed; problems making friends; seeking support from adults
How they spend their spare time	Time spent away from home; pocket money and part-time jobs; leisure activities (e.g. sports, clubs)
Substance use	Cigarette, alcohol and drug use; age when first used; access to substances; quantity and frequency of use

Information was collected from their parents and siblings in 2004 (when the young people were aged 14 years). We asked their parents to complete a questionnaire about their employment, family life (e.g. rows, parenting) and their own substance use (alcohol and drugs). A short video providing more information on the Belfast Youth Development Study (BYDS) can be viewed at the following link https://www.youtube.com/watch?v=K18e_GLfWw0

Personal and Public Involvement (PPI)

We also spoke to a group of 23 children (aged 7-14 years) who attended a service to help children affected by their parent's substance use; we aimed to find out what helps them to be resilient and to ensure current service users were involved in various stages of the research process. Engagement with the service users provided an opportunity for these children to inform the research questions, to validate the research findings and to provide recommendations for policy and practice.

Findings

Alcohol use and the family

- The majority of parents had consumed alcohol in the previous 12 months (84%).
- Fathers drank at slightly higher levels than mothers but on average fell below the threshold for problem drinking.
- 164 parents (1/5 of those who drank alcohol) were classified as problem drinkers.
- The majority of these problem drinkers were male (59%).
- 2% of parents (n=19) reported high levels of alcohol problems; a further 16% (n=145) reported medium levels of problem alcohol use.
- In two-parent households, the mother's alcohol use was associated with the father's drinking.
- The majority of children exposed to a problem drinking parent were male (n=114); 72 were living with a problem drinking father.
- Problem drinking parents reported more separations and divorces; they were more likely to have been involved in two or more serious relationships since their child was born; and their child was more likely to have lived with a previous partner at some point.
- A greater proportion of problem drinkers were from middle class families; they tended to be the chief income earner; in full-time employment and had experienced financial difficulties in the past.
- Child alcohol use was associated with drinking in subsequent years (16-17 years, 20-21 years).
- A young person's use of alcohol at ages 15, 16/17 and 20/21 years was associated with exposure to their parents' drinking at 14 years.
- The influence of a father's drinking gradually increased over time while the impact of the mother's drinking peaked when the child was 16-17 years old.
- Just over half (51%) of problem drinkers did not disapprove of their child drinking occasionally although the majority did disapprove of their child getting drunk with a friend (63%). The majority of problem drinkers (77%) reported they knew their child had drunk alcohol in their lifetime.
- 90% of 14 year olds and 92% of 15 year olds reported they had tried alcohol in their lifetime; 26% of 14 year old children of problem drinkers accessed alcohol via the home. Half of 15 year old children of problem drinkers said their parents allowed them to drink without supervision.
- Children who had older male siblings who consumed alcohol, drank at higher levels at 15 and 20/21 years of age.
- Twice as many children of problem drinkers had run away from home by 14 (and 15) years of age; boys were particularly at risk.
- Parental monitoring (parents' awareness of their child's whereabouts) was associated with lower levels of alcohol use by their child at 15 and 16/17 years old.
- Good relationships between parent and child were associated with lower levels of alcohol use by young people across all three time-points (i.e. 15, 16/17 and 20/21 years of age)
- Positive parent-child relations were also associated with less symptoms of depression at 15 and 20/21 years and anxiety (and avoidance) in romantic relationships at 16/17 years. Overall, these positive relations were more important to child mental health than a parent's alcohol use.
- The more frequently the parents reported arguments, the higher their levels of alcohol use. However, there was no association with any other family variables or child outcomes.
- Both mothers' and fathers' drinking impacted on their levels of parental monitoring; fathers' monitoring was associated with reduced child drinking at 15 and 16/17 years whereas mothers' monitoring was associated with reduced child drinking at 15 years.
- Relations between the parent and child influenced father's' levels of parental monitoring (across all time points) and mothers' parental monitoring at 15 and 21 years.

Friends, relationships and leisure activities

- Children of problem drinkers demonstrated resilience via engagement in activities and relationships outside the family environment. At 14 years of age, the greater the parents' alcohol use, the greater the number of evenings their children spent outside the home (particularly when the father was a drinker).
- By 15 years of age, there was an association between increased number of evenings spent at a friend's house and mothers' drinking, for boys. The likelihood of spending time with members of the opposite sex was greater for girls whose parents drank more.
- There was no association between parental drinking and child reports of peer problems (e.g. difficulties in making friends, spending time alone).
- The greater the parents' levels of alcohol use, the more likely their children spent time on the following activities: hanging around on the streets, going to a café/shopping with friends, going to discos/parties and baby-sitting for their family. Children whose parents drank at higher levels were less likely to go to a youth club, afterschool/homework club or attend a place of worship. A number of activities were associated with parental drinking for girls: listening to CDs, going to the park/playground, going to a sports club/team or leisure centre. Parental drinking was not associated with spending time watching TV, reading books/magazines or playing computer/game consoles or doing homework.
- Children of problem drinkers were as likely to have a boyfriend or girlfriend as their peers. However, they were more likely to have a boyfriend/girlfriend who used cannabis or cocaine. Daughters of problem drinkers were particularly more likely to have a substance using and delinquent boyfriend/girlfriend at 16/17 years old.
- There was no association between parental drinking and their child's anxiety or avoidance of romantic relationships. Children of problem drinkers reported more anxiety (particularly daughters of problem drinking fathers) but this was not statistically significant.

- A greater proportion of male children of problem drinkers had sex compared to their peers, by 16 years old.
- The greater a parent's drinking, the younger a daughter's age when she first had sex. By 20/21, a greater proportion of daughters of problem drinkers were parents, compared to their peers.

School

- Parental drinking influenced children's attachment to school (i.e. feelings of belonging, relationships with teachers) and their commitment to school (personal effort, investment in school) at age 14 years.
- Children of problem drinkers had a much more negative attitude towards their school; they were less dedicated to their studies; they had reduced educational aspirations and; they were less likely to engage in helpful behaviour at school than children of non-problem drinkers.
- This was particularly true for boys whose parents were problem drinkers.
- A mother's problem drinking appeared to negatively affect boys' behaviour, feelings of safety, attachment and commitment to school more so than for girls'. Children of non-problem drinkers evidenced higher academic success however they were also more likely to drop out of a university course.

Personal and Public Involvement

- In addition to the information used from the Belfast Youth Development Study, 23 current service users (aged 7-14 years) shared their experiences of living with parental substance misuse in order to inform various aspects of the research process (including research questions/hypotheses and recommendations for policy and practice). They spoke about the importance of getting support from significant adults; sharing their experiences with other children in similar circumstances; and the coping strategies they found helpful including involvement in sports, music and art.

Some of their experiences are outlined below:

'I went to see a counsellor in my old school (primary school). I used to go for six weeks at a time and it was really helpful and I could go back for more anytime I wanted to. The counsellor gave me loads of advice. She told me, when I'm angry, I should sit on my hands. I used to fill out a form every week with faces on it. When I started I picked a sad face but it changed every week. By the time I was finished, I didn't have a smiley face but it was further up than a sad face. I don't see a counsellor anymore 'cause I'm at my new school now' (female, aged 12 years)

'A teacher that you can talk to can really help' (male, aged 12 years)

'PE at school, especially shot put. It helps you to let everything out, all the anger and stress and everything' (male, aged 12 years)

Conclusion

This study provides evidence regarding the role of parental drinking on outcomes for their children during adolescence and early adulthood. In summary, our findings indicate exposure to a parent's drinking during adolescence was related their child's alcohol use during adolescence and early twenties. Parental drinking impacted on levels of parenting within households and positive relationships with parents had a protective effect (for both child drinking and mental health). Children of problem drinkers spent more time outside the home; however, few attended after school/ youth clubs, which would normally be ideal sites of intervention. These youth also had reduced commitment and attitudes to school and educational aspirations.

Practice and Policy Implications/ Recommendations

A number of policy and practice implications have been derived from the study, as follows:

- While the need for support for children exposed to severe levels of parental alcohol abuse and dependency is well documented; our findings indicate that youth exposed to lowered levels of parental drinking (including binge and moderate drinking) should also be targeted.
- The adoption of a life-course perspective in service design and delivery is vital as the legacy of exposure to parental drinking appears to have a prolonged effect. Services should be tailored to address the needs of these young people as they navigate transitions from dependent child to adolescent and young adult (e.g. transitions to university).
- The development and evaluation of interventions targeting children of substance abusers is crucial. Internationally, few theory-driven programmes of prevention or intervention have been developed to support these youth. Programmes which may show signs of promise include 'Steps to Cope' and Barnardo's group work programme. It is essential that these and similar interventions are further developed (and evaluated) to build resilience in these youth.
- Parenting programmes which encourage positive parent-child attachments, educate parents on how to effectively monitor their children and encourage the involvement of older siblings could reduce some of the negative effects associated with parental alcohol misuse. These programmes would benefit by including components on substance use to increase parents understanding on the impact of their drinking on their children.
- Workplace based interventions and policies are also ideal sites to raise awareness of the impact of parental drinking on children's outcomes.
- Education services/schools should have at least one professional trained and aware of the impact of parental drinking on children. Teachers can play a valuable role in tracking and encouraging young people's engagement in afterschool activities, which can bring them in contact with positive role models.

- There is a need for school based interventions to target those who do not come to the attention of social services but are at risk of poorer outcomes due to parental drinking. Educational resources should be developed and delivered to support all youth and focus on providing knowledge on substance use and the development of core resilience skills. Components could also include peer mentoring and engagement in after school activities.
- Public health campaigns need to be developed for parents who do not seek help for problem drinking, delivered either through primary care, statutory bodies (such as the Public Health Agency) or through the schools their children attend.

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